PTO/SB/17 (10-07)

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Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/801,9		10/801,977	77	
FEE TRANSMITTAL				Filing Date March 1		March 16,	6, 2004	
For FY 2008				First Named Inventor Micha		Michael J.	hael J. OLESKO	
Applicant of	aims small entity s	tatue Soo 27 C	ED 1 27	Examiner Name T		Timothy WILHELM		
 		Γ	1 1/ 1/4/	Art Unit 3616		3616		
TOTAL AMOUN	T OF PAYMENT	(\$) 1:	20.00	Attorney Docke	et No.	45039.002	8	
METHOD OF I	PAYMENT (chec	k all that apply)					
Check Credit Card Money Order None Other (please identify):								
Deposit A	ccount Deposit A	count Number: 50	0-0951	Deposit A	ccount Na	ame: AKER	MAN SE	NTERFITT
For the al	oove-identified dep	osit account, the	Director is her	reby authorized to	o: (check	all that apply	/)	
ت ا	arge fee(s) indicat				ge fee(s)	indicated be	low, exce	pt for the filing fee
WARNING: Informa	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCUL	ATION							
1. BASIC FILI	NG, SEARCH, A							
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Application '	Type Fee	\$) <u>Fee (\$)</u>	Fee (\$		<u>Fee</u>	(\$) Fee (Fees Paid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	(0		-
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims								
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Extension of Time Fee (one month) 120.00								
SUBMITTED BY								
Signature Dean C. Colwards Registration No. (Attorney/Agent) 41,728 Telephone 202-824-						202-824-1719		
Name (Print/Type)	Name (Print/Type) Jean C. Edwards, Esq. Date June 23, 2008							

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL FOR FY 2008 Application Number 10/800.1977 Filing Date March 16, 2004 First Named Inventor Michael J. OLESKO Examiner Name Timothy WILL HELM Application Number 10/800.1977 Filing Date March 16, 2004 First Named Inventor Michael J. OLESKO Examiner Name Timothy WILL HELM At Unit 3616 Michael J. OLESKO Michael	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and								
FEE TRANSMITTAL FOR FY 2008 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (s) 120.00 Attomey Docket No. 45039.0028 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Name. AKERMAN SENTERFITT For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the	Effective on 12/08/2004. Complete if Known								
FIRST Named Inventor Michael J. OLESKO Examiner Name Timothy WILHELM Art Unit Soft Attorney Docket No. 45039.0028 METHOD OF PAYMENT (check all that apply) METHOD OF PAYMENT (check all that apply) METHOD OF PAYMENT (check all that apply) Other (please identify): Ot	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nun	nber			
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Art Unit 38:16	.1			First Named Inv	entor	Michael J. OLES	ко		
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 120.00 Attorney Docket No. 45039.0028					Examiner Name	,	Timothy WILHEL	.М	
METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number. 50-0951 □ Deposit Account Name. AKERMAN SENTERFITT For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments WARNINGs: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES Small Entity Application Type Fee (\$)	Applicant claims small	Applicant claims small entity status. See 37 CFR 1.27							
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Charge any additional fee(s) or underpayments of fee(s) Variable and 1.17 WARRING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fee (I —	•		0, 10 , 10,				cont for the filing fee	
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Application Type		FILING	FEES			EXAN			
Utility 310 155 510 255 210 105	Application Type			Fee (\$		Fee	(A)	Fees Paid (\$)	
Plant	Utility	310	155	510		210	105		
Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Total Claims Total Claims Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	Design	210	105	100	50	130	65		
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Fee (\$)	Reissue	310	155	510	255	620	310		
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	4. OTHER FEE(S) Fees Paid (\$)								

SUBMITTED BY							
Signature	Dean c. Edwards	Registration No. (Attorney/Agent) 41,728	Telephone 202-824-1719				
Name (Print/Type)	Jean C. Edwards, Esq.		Date June 23, 2008				

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